

OFFICIAL

Atty Docket No. 021199-000100US

PTO FAX NO.: 1-703-872-9306

ATTENTION: Examiner V. Ford
TELEPHONE NO.: 1-571-272-1600

Group Art Unit 1645

RECEIVED
CENTRAL FAX CENTER

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER V. Ford**

APR 30 2004

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of William Pollack, Application No. 09/660,862, filed September 13, 2000, for METHOD OF MANUFACTURING IMMUNE GLOBULIN are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

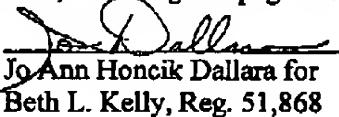
Document(s) Attached

As requested by the Examiner, the following are enclosed (*a Notice of Appeal with an extension of time is being sent concurrently by regular mail*):

1. Copies of previously submitted Amendment After Final with Exhibit A, Pet. to Extend Time, and Fee Transmittal as sent to the PTO on 3/18/04;
2. Copy of return receipt postcard stamped by PTO.

Number of pages being transmitted, including this page: 19

Dated: April 28, 2004


Jo Ann Honcik Dallara for
Beth L. Kelly, Reg. 51,868

**PLEASE CONFIRM RECEIPT OF THIS PAPER BY
RETURN FACSIMILE AT (415) 576-0300**

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 415-576-0200
Fax: 415-576-0300
62204301 v1

TO THE U.S. PATENT OFFICE
FILING ACKNOWLEDGMENT

Mailing Date: 3/18/04 File No.: 021199-000100US
Due Date: 3/29/04 Attorney: BLK/pja
Appln. No.: 09/660,862
Inventor(s): William Pollack
Title: Method of Manufacturing Immune Globulin

Trans. Form, Pet. for Extension of Time, Fee Transmittal (in duplicate);
Amendment Under 37 CFR 1.116 (9 pages)

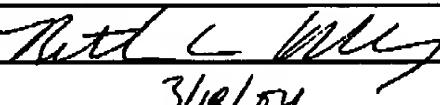


Please stamp the date of receipt of the enclosed documents and return this card to address:

60169636 v1

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/680,862
		Filing Date	September 13, 2000
		First Named Inventor	Pollack, William
		Art Unit	1645
		Examiner Name	V. Ford
Total Number of Pages in This Submission		Attorney Docket Number	021199-000100US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Beth L. Kelly	
Signature		
Date	Reg. No. 51,868 3/18/04	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Patricia Andrews		
Signature		Date	3/18/04

FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **210**

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
Deposit Account:				
Deposit Account Number	20-1430			
Deposit Account Name	Townsend and Townsend and Crew LLP			

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
in the above-listed docket number

FEE CALCULATION

I. BASIC FLUNG FEE

Large Entity	Small Entity			
Fee	Fee	Fee	Fee Description	Fee Paid
Code	Code	(\\$)	(\\$)	
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Release filing fee
1005	160	2005	80	Patent Office filing fee

SUYALDAROV (1)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	<input type="checkbox"/>	=	Extra Claims	<input type="checkbox"/>	=	Fee from below	<input type="checkbox"/>	=	Fee Paid
Independent Claims	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	<input type="checkbox"/>	=	<input type="checkbox"/>	
Multiple Dependent	<input type="checkbox"/>	=	<input type="checkbox"/>	=	<input type="checkbox"/>	<input checked="" type="checkbox"/>	=	<input type="checkbox"/>	

1

<u>Large Entity</u>	<u>Small Entity</u>	
<u>Fee</u>	<u>Fee</u>	<u>Fee Description</u>
<u>Code</u>	<u>Code</u>	<u>(S)</u>
1202	15	2202 9
1201	55	2201 43
1203	280	2203 145
1204	55	2204 43
1205	15	2205 9

Claims in excess of 20
Independent claims in excess of 3
Multiple dependent claim, if not paid
** Reissues independent claims
over original patent
** Reissues claims in excess of 20
and over original patent

SUBTOTAL (2)

*Or number previously paid, if greater. For Payment, see above.

PTO/SB/M7 (10-03)

Complete If Known

Application Number	09/380,862
Filing Date	September 13, 2000
First Named Inventor	Pollack, William
Examiner Name	V. Ford
Art Unit	1645
Attorney Docket No.	021199-000100US

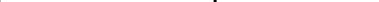
FEES CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fees	Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	150	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	SurchARGE - late provision of filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for reexamination
1804	820*	1804	820*	Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
1251	110	2251	65	Extension for reply within first month
1252	420	2252	210	Extension for reply within second month
1253	950	2253	475	Extension for reply within third month
1254	1,480	2254	740	Extension for reply within fourth month
1265	2,010	2255	1,005	Extension for reply within fifth month
1401	330	2401	165	Notice of Appeal
1402	330	2402	165	Filing a brief in support of an appeal
1403	280	2403	145	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive – unavoidable
1453	1,330	2453	665	Petition to revive – unintentional
1501	1,330	2501	665	Utility issue fee (or reissue)
1502	480	2502	240	Design issue fee
1503	640	2603	320	Plant issue fee
1480	130	1480	130	Petitions to the Commissioner
1807	50	1807	50	Petitions related to provisional applications
1808	180	1808	180	Submission of Information Disclosure Stmt
3021	40	8021	40	Recording each patent assignment per property (times number of properties)
809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
801	770	2801	385	Request for Continued Examination (RCE)
802	800	1802	900	Request for expedited examination of a design application
Other fee (specify) _____				

Reduced by Basic Filing Fee Paid SUBTOTAL (\$)

SUBMITTED BY

Complete if applicable					
Name (Print/Type)	Beth L. Kelly	Registration No. (Attorney/Agency)	51,868	Telephone	415-578-0200
Signature				Date	3/10/04

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

60169853 v1